FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 17 1998 8:00am ₋ PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P95000057348 (1) MARKER I MARINE, INC Principal Place of Business Mailing Address 18733 S.E. FEDERAL HWY 18733 S.E. FEDERAL HWY TEQUESTA FL 33469 TEQUESTA FL 33469 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0598932 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RYAN, JAMES D 11891 US HWY ONE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 201 **B3** NORTH PALM BEACH FL 33408 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE 1.1 TITLE Change NAME HART, WILLIAM 1.2 NAME STREET ADDRESS 18733 S.E. FEDERAL HWY 1.3 STREET ADDRESS TEQUESTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change . Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or en an altachment with an address

561-5751011